

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4504

CERTIFICATE OF DEATH

REGISTRAR'S NO.

75

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Coconino

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)

A. STATE Arizona

B. COUNTY Apache

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)

Winslow (Rural)

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA)

Transient 62 yrs

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)

St. Johns

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Highway 66 15 Mi. West of Winslow

D. STREET ADDRESS

(IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

(TYPE OR PRINT)

Anabella

S.

Gibbons

Female

White

6. MARRIED - - - - -  
NEVER MARRIED  
WIDOWED ☒ DIVORCED

7. DATE OF BIRTH

MONTH DAY YEAR

11 25 1888

62

8

8

IF UNDER 24 HOURS

HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED)

Housewife

9B. KIND OF BUSINESS OR INDUSTRY

Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Arizona

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

No

13. SOCIAL SECURITY NO.

No

14A. FATHER'S NAME

John Lytell

14B. BIRTHPLACE (STATE OR COUNTRY)

Unknown

15A. MOTHER'S MAIDEN NAME

Lucy Stanton

15B. BIRTHPLACE (STATE OR COUNTRY)

Unknown

16. INFORMANT'S SIGNATURE

ADDRESS

Genevieve Scott

Winslow Ariz

17. DATE OF DEATH

(MONTH)

(DAY)

(YEAR)

August 3, 1951

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

\*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTINUED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a)

Multiple injuries

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b)

Auto accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

Instant

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (SPECIFY)

Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

Highway 66

21C. (CITY OR TOWN) (COUNTY) (STATE)

Coconino, Ariz

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

August 3, 1951

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Two car collision

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 19 TO 19 THAT I LAST SAW THE DECEASED ALIVE ON 19 AND THAT DEATH ABOUT AT 3 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)

Jack Newsum Coroner

23B. ADDRESS

Box 147, Winslow, Ariz.

23C. DATE SIGNED

8/3/51

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE

8/8/51

24C. NAME OF CEMETERY OR CREMATORY

?

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

St. Johns, Apache, Ariz.

25A. DATE REC'D BY LOCAL REG.

8-15-51

25B. REGISTRAR'S SIGNATURE

Gertrude Schmidt

26. FUNERAL DIRECTOR'S SIGNATURE

27. EMBALMER'S SIGNATURE

ADDRESS

Winslow, Ariz.

CERT. NO.

#194